



**COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE**

**PREMIUM TAX RETURN
FOR THE YEAR ENDED ON DECEMBER 31, 20__**

Insurer's name: _____ **NAIC CODE:** _____

Mailing address: _____

Contact Person: _____

Contact E-mail: _____

PROPERTY, CASUALTY, DISABILITY (A & H), SURETY AND TITLE PREMIUMS

1. Premiums per line 35, Col. 1, of state page of current annual statement *	\$.xx
2. Total tax for the year (line 1 x .04)		0
3. Deduct the annual contribution paid for the certificate of authority during 20__ (see instructions)	\$.xx
4. Tax due for the year (line 2 less line 3)(If negative, includes "0")		0

* Title Insurers shall present Direct Premiums Written per line 54, columns 3, 4, and 5 of Schedule T.

I hereby certify that the information presented in this return is true, correct and complete to the best of my knowledge and belief.

Date

Signature of Authorized Officer

Printed Name

Title

Note : This form must be filed on or before the end of the third month following the aforesaid calendar year.